2017 光慧暑期華語夏令營報名表

報名與費用請交予：胡珮琪老師（415-812-6276）、黃寶瑩老師（415-841-0868）

家長姓名：_____

小朋友姓名：_____

	選項	日期	梯次	時間	價格	數量	小計
全期特價 3/12 前報名	☐	**5/30 - 8/11**	歡樂週 + 第一期 + 第二期 + 課後	9:00 am – 6:00 pm	**$1290**		
歡樂週	☐	5/30 - 6/2	歡樂週 + 課後	9:00am – 6:00pm	$120		
第一期	☐	6/5 - 7/7	第一期	9:00am – 4:00pm	$690		
	☐	6/5 - 7/7	課後	4:00pm – 6:00pm	$150		
第二期	☐	7/10 - 8/11	第二期	9:00am – 4:00pm	$690		
	☐	7/10 - 8/11	課後	4:00pm – 6:00pm	$150		
其他 請列出參加日期	☐		單週	7:30am - 4pm	$138		
	☐		課後 (每週)	4:00am - 6pm	$30		
總計	(please make check payable to "Association of Tao Development")						

家長簽名：_____   日期：_____

Note: Free child care from 7:30 am – 9:00am. Program time is from 9:00 am -4:00 pm.

LIABILITY: In consideration of being permitted to participate in any way in Association of Tao Development (ATD), including but not limited to participating in ATD's Youth/kids Summer Camp arts and crafts, outdoor recesses, lunch and snack times, classes, and other ATD Summer Camp Activities, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue ATD, its officers, employees, and agents from liability from any and all claims including the negligence of ATD, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity. I further agree that my private insurance, if any, will be the only insurance coverage available to me and my minor child. This release and waiver of liability covers all suits, damages, cost, medical expenses, claims, damages and attorney fees (collectively "claims").

INDEMNITY AND HOLD HARMLESS: I agree on behalf of myself and/or my minor child to pay, and to protect, indemnify and hold ATD harmless from and against any claims arising from me or my minor child participating in ATD's Youth Summer Camp including for injury, death, and/or other damage to myself or to my minor child. I further agree on my and/or minor child's behalf to pay, protect, indemnify and save harmless ATD for and against any claims arising for any act or omission of me or my minor child and/or in connection with ATD. This indemnity and hold harmless provisions applies even if the negligence of ATD partially or totally causes the damage, injury or death in question. This indemnity and hold harmless provision covers claims brought by me, my minor child, other participants in ATD, and/or any other person or entity.

PHOTO RELEASE: I hereby give my permission to ATD for my free and unlimited consent and permission to publish/broadcast, republish/rebroadcast, or exhibit in the furtherance of their work, with or without identification of me or my child by name, any photographs, videos or audios of myself/my child, that have been obtained from my/his/her participation in ATD activities. I furthermore waive any and all claims for any compensation by reason thereof or for damages for reasons thereof.

ASSUMPTION OF RISK: I am aware and agree that there are inherent risks of injury to myself/my child, my/my child's property and third parties arising from volunteer activities typically performed by ATD volunteers, and which may be performed by me/my child as an ATD participant. I hereby give permission for myself/my child to participate in all activities through ATD and expressly and specifically acknowledge that those activities may involve (a) physical activity, (b) contact with unidentified and unfamiliar person, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely assume all such risk and damage to person or property arising there from, whether or not resulting from negligence and agree to release ATD from any and all liability, actions, causes of action, claims, and demands of every kind and nature whatsoever which I now have or which may arise out of or in connection with my/my child's participation in ATD related project or activity.

MEDICAL TREATMENT: I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the supervision of a licensed physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the licensed physician in the exercise of his/her best judgment may deem advisable. It is understood that, if possible, effort shall be made to contact the undersigned prior to rendering treatment but that any of the above treatments will not be withheld if the undersigned cannot be reached in a timely manner. I (we) will not hold ATD, its officers, employees, or agents for medical aid or first aid rendered and will be solely responsible for all medical or other expenses incurred in the care of my child. I authorize release of information on this form to any licensed physician, hospital or medical staff member involved in the treatment or care of my child.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I attest that I am over 18 years of age, and I warrant that I have legal authority to execute this agreement on myself/my child or legal ward's behalf. I attest that my/my child's attendance and involvement in such activities is fully voluntary, and that I/my child is participating in these activities at my/his or her own risk. I have read the foregoing Waiver and Release and hereby give my express consent to the execution of this release and will not revoke my consent.

Name of Participant (Print & Sign): _____

Parent/Guardian (if participant is under 18), (Print & Sign): _____

Relationship to Participant_____   Date:_____